



State of Washington  
Department of  
**Labor and Industries**

# PROVIDER BULLETIN

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## THIS ISSUE

### Post-Acute Brain Injury Rehabilitation for State Fund & Self Insured Employers

#### TO:

Physicians  
Osteopathic Physicians  
Clinics  
Brain Injury Programs  
Nurse Case Managers  
Self-Insured Employers  
Third Party Administrators  
Hospital Administrators

#### Please route to:

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#### PURPOSE:

This bulletin describes the current policy for post-acute brain injury program requirements, phases of treatment, and the code to use for billing.

The Department of Labor and Industries (State Fund) and Self-Insured employers will purchase post-acute brain injury services from providers who are accredited by the Commission on Accreditation of Rehabilitation Facilities (**CARF**) or will be **CARF** accredited by December 31, 1998. Services must be provided by a multidisciplinary team that includes: a medical physician, psychologist, vocational rehabilitation specialist, nurse, physical therapist, occupational therapist, speech therapist and neuropsychologist. Additional medical consultations are referred through the program's physician. Each consultation may be billed under the provider number of the consulting physician and must be pre-authorized.

#### What phases must be included in post-acute brain injury programs?

Post- acute brain injury rehabilitation programs must include the following phases:

- 1) **evaluation**
- 2) **treatment**
- 3) **follow-up**

The post-acute brain injury rehabilitation evaluation and treatment require **prior authorization from the claims staff.**

**To receive treatment in a post-acute brain injury rehabilitation program one or all of the following conditions must be met:**

1. The insurer has allowed brain injury as an accepted condition under the claim.
2. The brain injury is related to the industrial injury or is retarding recovery.
3. The worker is physically, emotionally, cognitively and psychologically capable of full participation in the rehabilitation program.
4. The screening evaluation done by the brain injury program demonstrates the worker is capable of new learning following the brain injury.
5. The screening evaluation report by the program identifies specific goals to help the worker improve function or accommodate for lost function.

## **What procedure code should providers bill for these programs?**

Post-acute brain injury rehabilitation programs must continue to use the appropriate code to bill for services rendered. The insurer will not reimburse for additional codes that are not authorized by the claim manager.

**8903H** This code description is currently being used for all services provided by the post-acute brain injury treatment programs and should continue to be used until notification of the new codes are available. This code is paid by report.

The insurer will start reimbursing post-acute brain injury treatment programs on a per diem basis in the future. This will necessitate billing under new treatment codes. Until you are notified of the new codes please continue billing all services under 8903H.

## **Who in the department can assist and answer questions regarding State Fund claims?**

The department's Occupational Nurse Consultants (ONCs) are available to assist the rehabilitation programs with the referral process. They ensure the level of care and the amount of care requested are appropriate and related to the industrial injury. Claim managers will now refer cases requiring post-acute brain injury rehabilitation to the Occupational Nurse Consultant for review prior to making a determination or authorization of services.

Self-insured employers must contact the self-insurance claims managers individually for referral to a post-acute brain injury rehabilitation program.

## **How do I contact an Occupational Nurse Consultant?**

The number to call is (360) 902-5013. An assistant can help you contact the nurse consultant for your area.